

Reservation
CANCER FIGHTERS OF HOUSTON
Thursday, March 26, 2020
**“Breast Cancer Screening and Prevention in High
Risk Women”**

Attending : * _____

*** Include additional names on back.**

Contact telephone:

Email:

Cost:

\$ 60.00 per person x number of people \$ _____

Additional contribution * \$ _____

Total \$ _____

Make check Payable to “Cancer fighters of Houston)

*** Tax deductible**

Mail this form and check to

Cancer Fighters of Houston
P.O.BOX 821432 Houston TX 77282

**Cancer Fighters of Houston is a 501 (c) (3) organization operating as
an all-volunteer group with no paid staff.**